



PTO/SB/01 (08-03)
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

| | |
|------------------------|---------------------------|
| Attorney Docket Number | P06547US1 |
| First Named Inventor | Brien E. PIERPONT, et al. |
| COMPLETE IF KNOWN | |
| Application Number | 10/773,925 |
| Filing Date | February 6, 2004 |
| Art Unit | 3763 |
| Examiner Name | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANGIOPLASTY METHOD AND MEANS FOR PERFORMING ANGIOPLASTY

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

02/06/2004

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


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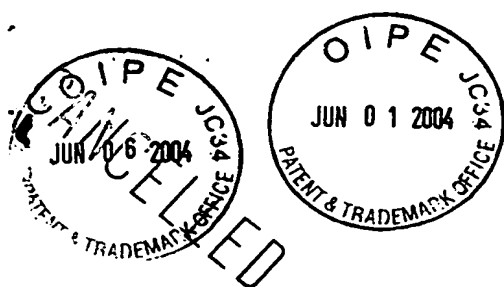


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DECLARATION — Utility or Design Patent Application

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| Name | | | |
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| Country | Telephone | Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) BRIEN E. | | Family Name or Surname PIERPONT | |
| Inventor's Signature  | | Date 3/19/04 | |
| Residence: City St. Petersburg | State Florida | Country US | Citizenship US |
| Mailing Address 2028 Brightwaters Blvd. | | | |
| City St. Petersburg | State Florida | ZIP 33704 | Country US |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) JAMES A. | | Family Name or Surname COYLE | |
| Inventor's Signature | | Date | |
| Residence: City Somerville | State Massachusetts | Country US | Citizenship IRELAND |
| Mailing Address 430 Broadway, Apt. 2 | | | |
| City Somerville | State Massachusetts | ZIP 02145 | Country US |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | |



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| | First Named Inventor | Brien E. PIERPONT, et al. |
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| | Art Unit | 3763 |
| <input type="checkbox"/> Declaration Submitted With Initial Filing | OR | <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) |
| Examiner Name | | |

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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) BRIEN E. | | Family Name or Surname PIERPONT | |
| Inventor's Signature | | | Date |
| Residence: City St. Petersburg | State Florida | Country US | Citizenship US |
| Mailing Address 2028 Brightwaters Blvd. | | | |
| City St. Petersburg | State Florida | ZIP 33704 | Country US |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) JAMES A. | | Family Name or Surname COYLE | |
| Inventor's Signature <i>James Coyle</i> | | | Date <i>May 19th 2004</i> |
| Residence: City Somerville | State Massachusetts | Country US | Citizenship IRELAND |
| Mailing Address 430 Broadway, Apt. 2 | | | |
| City Somerville | State Massachusetts | ZIP 02145 | Country US |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | |



PTO/SB/81 (09-03)
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INDICATION FORM**

| | |
|------------------------|--------------------------------|
| Application Number | 10/773,925 |
| Filing Date | February 6, 2004 |
| First Named Inventor | Brien E. PIERPONT, et al. |
| Title | ANGIOPLASTY METHOD AND MEANS.. |
| Art Unit | 3763 |
| Examiner Name | |
| Attorney Docket Number | P06547US1 |

I hereby appoint:

☒ Practitioners associated with the Customer Number:

34082

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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☐ Firm or Individual Name

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State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name James A. COYLE

Signature

Date

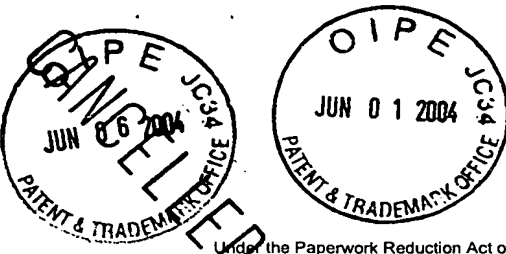
Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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| Attorney Docket Number | P06547US1 |

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Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Brien E. PIERPONT

Signature

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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